NOTICE OF INDEPENDENT REVIEW DECISION

September 12, 2002

RE: MDR Tracking #: M2-02-0982-01

IRO Certificate #: 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that

Clinical History

This 34 year old male sustained a work related injury on ____ when he tripped and fell down 5 steps. The patient fractured his left ankle, sprained his right ankle and felt immediate numbness in his lower back. An MRI of the lumbar spine revealed disc desiccation and disc protrusion at L5-S1 and bulging discs at L3-4, and L4-5. The patient underwent lumbar discograms on 03/26/02. The treating physician has recommended that the patient undergo an anterior lumbar discectomy and posterior lumbar interbody fusion with pedicle screws at L5-S1.

Requested Service(s)

Anterior lumbar discectomy and posterior lumbar interbody fusion with pedicle screws at L5-S1.

the review was performed without bias for or against any party to this case.

Decision

It is determined that the anterior lumbar discectomy and posterior lumbar interbody fusion with pedicle screws at L5-S1 is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation fails to substantiate the medical necessity for an anterior lumbar discectomy and posterior lumbar interbody fusion with pedicle screws at L5-S1 in this patient. The risk of potential severe complications including failure of fusion and infections is great and the potential benefit of pain relief is small. A period of bracing to evaluate the effect of limiting unwanted sacral motion would be warranted as well as a psychological evaluation prior to considering a surgical approach. Therefore, the anterior lumbar discectomy and posterior lumbar interbody fusion with pedicle screws at L5-S1 is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,